

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Precious Moment Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 4229 Keaka Drive, Honolulu, Hawaii 96818</b>	<b>Inspection Date: October 23, 2019 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

10/23/19  
10/23/19

9/23/19 6-000 61.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1, no evidence of a first aid certificate. However, SCG provided coverage during a fire drill on 12/06/18 and during a leave from 5/20/19- 5/30/19.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>PCG it was on house night, tried to contact her but she moved to San Diego California.</i></p>	<p>11/26/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, no evidence of a first aid certificate. However, SCG provided coverage during a fire drill on 12/06/18 and during a leave from 5/20/19- 5/30/19.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG Review care home binder to identify the first aid certificate for SCG</p> <p>PCG put the date the New first aid certificate</p> <p>PCG give first aid certificate to each SCG with a note to return in such a date</p> <p>PCG when due date comes up I tell to turn it in and can not work</p>	<p>11/26/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><b><u>FINDINGS</u></b> Resident #1, readmitted; however, general operational policy signed (10/19/17) not for re-admission (4/17/19).</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> Resident #1, readmitted; however, general operational policy signed (10/19/17) not for re-admission (4/17/19).</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG upon readmission inform residents family legal guardian about the policies and procedures on admission</p> <p>PCG check record for accuracy for complete review upon admission</p> <p>PCG upon readmission check both TB test tuberculin if not completed no admission to be done</p> <p>PCG review the whole packet before accepting the patient</p>	<p>11/26/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence of an inventory upon readmission.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>PCG complete the inventory</i> <i>Perman.</i></p>	<p><i>11/26/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1, no evidence of an inventory upon readmission.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG upon admission or readmission of the resident check all personal belongings and record it to the resident's clothing</p> <p>PCG complete the inventory form upon admission</p> <p>PCG will use the admission check-list to check inventory completed on the day of admission.</p>	<p>4/26/19</p> <p>8-000 01.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b)  The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b><u>FINDINGS</u></b>  First aid kit, is not maintained. Kit contains over-the-counter medications and expired (4/18) "Bacitracin Ointment".</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Bacitracin Ointment found in the first aid kit was disposed - 10/23/19</i></p>	<p style="text-align: center;"><i>11/23/19</i></p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b>FINDINGS</b> First aid kit, is not maintained. Kit contains over-the-counter medications and expired (4/18) "Bacitracin Ointment".</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG check first aid kit for emergency medication. if there's expired medication take it out and disposed it right away</p>	<p>11/23/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Special diets ordered; however, no menus as follows:</p> <ol style="list-style-type: none"> <li>1. Resident #1, "Regular 4 gram NA or No Added Salt (NAS)" order signed on 4/11/19</li> <li>2. Resident #2, "Regular, chopped with thickened liquids" order signed on 4/4/19</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Doctors order change to  Regular for residents  #1 + #2</i></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Special diets ordered; however, no menus as follows:</p> <ol style="list-style-type: none"> <li>1. Resident #1, "Regular 4 gram NA or No Added Salt (NAS)" order signed on 4/11/19</li> <li>2. Resident #2, "Regular, chopped with thickened liquids" order signed on 4/4/19</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Resident #1, original pharmacy label changed: I.e., Order (4/30/19) reads, "resume Furosemide 20 mg QD PRN for leg swelling". However, original pharmacy label issued on 2/24/18 is now covered. Tag to change and cover original label reads, "Furosemide 20 mg QD PRN for edema".</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>PCCG called doctor per the new prescription of the medication (Furosemide) corrected</i></p> <p><i>10/23/19</i></p>	<p><i>11/26/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1, no acceptable procedure to dispose of expired medication as follows: expired medication stored in active medication basket. For example, "Furosemide 20 mg I QD PRN for leg swelling" expired on 2/23/19.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCCs expired medication disposed corrected 10/23/19</p>	<p>10/23/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, no acceptable procedure to dispose of expired medication as follows: expired medication stored in active medication basket. For example, "Furosemide 20 mg I QD PRN for leg swelling" expired on 2/23/19.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG always check medication for their expiration date</p> <p>PCG expired medication should take out from the medication basket and disposed it right away</p>	<p>10/23/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b> Resident #1, Primary care giver (PCG) assessment on readmission (4/17/19) inaccurate as follows:</p> <ol style="list-style-type: none"> <li>1. Diet, listed as "<u>Regular</u>"; however, order (4/11/19) reads, "<u>Regular, 4 gram NA or No Added Salt</u>".</li> <li>2. Self-Preserving (SP), listed as "Resident is SP"; however, no clarification for conflicting certificates received on 4/16/17. One reads, "Self- Preserving" and the other reads, "Non-Self Preserving".</li> </ol>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, incomplete documentation for 3/16/19 incident. No evidence of family notification or circumstances of the event including the time of the fall.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>19 FEB -3 02:47</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, no progress notes reflecting consultations. I.e., Physician office visits on 6/13/19 and 7/2/19.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>17-03 8-100 61.</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no evidence of documentation for an incident report reporting a fall that resulted in discharge (3/16/19).</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1, no evidence of documentation for an incident report reporting a fall that resulted in discharge (3/16/19).</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG will document immediately when incident occur</i>  <i>Progress reports will be written on a daily basis</i>  <i>PCG will up date CM as incident occur.</i></p>	<p>11/26/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b> Resident #1, emergency form incomplete as follows:</p> <ol style="list-style-type: none"> <li>1. Form dated 10/19/17</li> <li>2. No medications listed</li> <li>3. No name or contact for the Agent listed in the resident's Advanced Health Care Directive</li> <li>4. For mobility, reads, "Fully Ambulatory (does not need assistance)"; however, needs assistance</li> <li>5. Second page of the two page form is missing</li> </ol>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>PCG emergency form completed 10/23/19</i></p>	<p><i>10/23/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b> Resident #1, emergency form incomplete as follows:</p> <ol style="list-style-type: none"> <li>1. Form dated 10/19/17</li> <li>2. No medications listed</li> <li>3. No name or contact for the Agent listed in the resident's Advanced Health Care Directive</li> <li>4. For mobility, reads, "Fully Ambulatory (does not need assistance)"; however, needs assistance</li> <li>5. Second page of the two page form is missing</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>PCs upon admission - complete the emergency form which include all the necessary information needed together with 2nd page. PCs will use Admission checklist. needs to check completeness of forms before filling.</i></p>	<p><i>11/20/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1, inaccurate fire drill record <u>(3/20/19)</u> resident listed as participating; however, resident discharged from care home on <u>3/17/19</u> and readmitted on 4/17/19.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>STATE RECORDS 19 FEB -3 P2:48</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1, inaccurate fire drill record (3/20/19) resident listed as participating; however, resident discharged from care home on 3/17/19 and readmitted on 4/17/19.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG fire drill record 3/20/19, instead of 3/2/19 -</i></p> <p><i>PCG needs to double check the right date for fire drill to ensure correct date</i></p> <p><i>PCG check record for accuracy for completeness during the 1st or 2nd week of the month.</i></p>	<p>11/20/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b> Emergency exit, back exit obstructed as follows:</p> <ol style="list-style-type: none"> <li>1. Cement walkway on the east side of the house obstructed by three (3) boxes and a cart</li> <li>2. Plywood walkway on the west side of the house not safe as follows: <ol style="list-style-type: none"> <li>a. Plywood plank #1, open spaces between planks due to rot and one hole on the surface</li> <li>b. Plywood plank #2, open spaces between planks due to rot</li> <li>c. Plywood plank #3, open spaces between planks due to rot and three (3) holes on the surface</li> </ol> </li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>walk way in the west side of the house was scheduled to fix Oct. 30, 2019 wednesday - (carpenter's off)</i></p> <p style="text-align: center;"><i>Corrected</i></p> <p style="text-align: center;"><i>10/30/19</i></p>	<i>10/30/19</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b>FINDINGS</b> Emergency exit, back exit obstructed as follows:</p> <ol style="list-style-type: none"> <li>1. Cement walkway on the east side of the house obstructed by three (3) boxes and a cart</li> <li>2. Plywood walkway on the west side of the house not safe as follows: <ol style="list-style-type: none"> <li>a. Plywood plank #1, open spaces between planks due to rot and one hole on the surface</li> <li>b. Plywood plank #2, open spaces between planks due to rot</li> <li>c. Plywood plank #3, open spaces between planks due to rot and three (3) holes on the surface</li> </ol> </li> </ol>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>PCG needs to check all the unobstructed access for the safety of the residents &amp; family</i></p> <p><i>PCG fix and connect</i></p>	<p>10/30/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b>FINDINGS</b> Exceeds allowed two (2) Non-Self Preserving residents:</p> <ol style="list-style-type: none"> <li>1. Documented evidence for fire drills: I.e., Three (3) residents assisted in fire drills, December 2018 thru May 2019 and September 2019. Four (4) residents assisted, June 2019 thru August 2019.</li> <li>2. During an observed fire drill on 10/23/19:               <ol style="list-style-type: none"> <li>a. Resident #1: required hands on assistance to walk with front wheel walker (FWW)</li> <li>b. Resident #2: required verbal directions to ambulate to place of refuge</li> <li>c. Resident #3: required assistance to get out of the recliner chair and to use the FWW</li> <li>d. Resident #4: did not require verbal or hands on assistance to exit with the FWW</li> </ol> </li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>the signal for the fire drill conducted on Oct. 27, 2019 was not the signal used regularly by the facility</i></p> <p><i>PCG continues to conduct monthly drills using a bell.</i></p> <p><i>Resident #2 is hard of hearing but response to the bell with out verbal cues.</i></p> <p><i>this resident is certified as self preserving.</i></p> <p><i>I have 4 non preserving residents,</i></p>	<p><i>11/26/19</i></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> Exceeds allowed two (2) Non-Self Preserving residents:</p> <ol style="list-style-type: none"> <li>1. Documented evidence for fire drills: I.e., Three (3) residents assisted in fire drills, December 2018 thru May 2019 and September 2019. Four (4) residents assisted, June 2019 thru August 2019.</li> <li>2. During an observed fire drill on 10/23/19: <ol style="list-style-type: none"> <li>a. Resident #1: required hands on assistance to walk with front wheel walker (FWW)</li> <li>b. Resident #2: required verbal directions to ambulate to place of refuge</li> <li>c. Resident #3: required assistance to get out of the recliner chair and to use the FWW</li> <li>d. Resident #4: did not require verbal or hands on assistance to exit with the FWW</li> </ol> </li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG " continue monthly fire drills and observe residents response IF a self preserving resident has difficulty leaving the facility during the drill I will notify the doctor.</p> <p>IF I have more than two more S-P residents I will need to talk to one family - provide written notice for need to transport.</p>	<p>12/3/19</p> <p>6-23-2020 SL</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b> Monthly fire drills incomplete as follows:</p> <ol style="list-style-type: none"> <li>1. No evidence of the exit used for drills conducted during November 2018 thru September 2019</li> <li>2. As of October 23, 2019, no evidence of a fire drill conducted monthly after September 3, 2019 drill</li> </ol>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b>FINDINGS</b> Monthly fire drills incomplete as follows:</p> <ol style="list-style-type: none"> <li>1. No evidence of the exit used for drills conducted during November 2018 thru September 2019</li> <li>2. As of October 23, 2019, no evidence of a fire drill conducted monthly after September 3, 2019 drill</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will use alternate access each month to leave the building.</p> <p>monthly fire drill will be documented with exit use immediately.</p> <p>PCG will check records at the end of the month for completeness.</p>	<p>11/16/19</p> <p>87-20 E-930 61.</p>

Licensee's/Administrator's Signature: *Eva*

Print Name: Eva Andres

Date: 11 / 26 / 19

STANDARD  
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19 FEB -3 P2 28